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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number OSU1159-143C

First Named Inventor Rizzoni et al.

COMPLETE IF KNOWN

Application Number 10 / 039,634

Filing Date November 9, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MODEL-BASED FAULT DETECTION AND ISOLATION SYSTEM AND METHOD

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/247,849	11/09/2000	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code LabelOR

Correspondence address below

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Name

PATENT TRADEMARK OFFICE

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) GiorgioFamily Name
or Surname RizzoniInventor's
Signature

Date

Residence: City Upper Arlington

State Ohio

Country USA

Citizenship Italy

Mailing Address 1938 Concord Road

Mailing Address

City Upper Arlington

State Ohio

ZIP 43212

Country USA

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) AhmedFamily Name
or Surname SolimanInventor's
Signature

Date

7/8/02

Residence: City Upper Arlington

State Ohio

Country USA

Citizenship Egypt

Mailing Address 1834 Elmwood Avenue

Mailing Address

City Upper Arlington

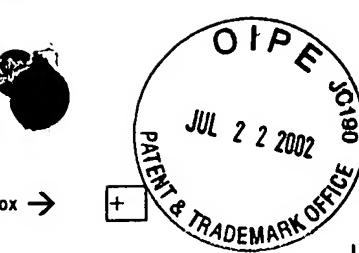
State Ohio

ZIP 43212

Country USA

 Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Suppl m ntal Sh t
Page 1 of 1

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Pierluigi

Pisu

Inventor's
Signature

Date 07/10/02

Residence: City Columbus

State Ohio

Country USA

Citizenship Italy

Mailing Address 1170 Chambers Road, Apt. 5B

Mailing Address

City Columbus

State Ohio

ZIP 43212

Country USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Sanket S.

Amberkar

Inventor's
Signature

Date

Residence: City Ann Arbor

State MI

Country USA

Citizenship USA

Mailing Address 1888 Briar Ridge Drive

Mailing Address

City Ann Arbor

State MI

ZIP 48108

Country USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Brian T.

Murray

Inventor's
Signature

Date

Residence: City Novi

State MI

Country USA

Citizenship USA

Mailing Address 40710 Heatherbrook

Mailing Address

City Novi

State MI

ZIP 48375

Country USA

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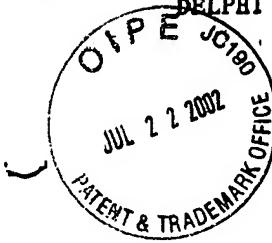
JUL 24 2002

OFFICE OF PETITIONS

DELPHI TCB

Jul-11-02 04:48pm From:

T-006 P.02/06 F-622



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PTO/SB/01 (7-02)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing
OR
 Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number OSU1159-143C

First Named Inventor Rizzoni et al.

COMPLETE IF KNOWN

Application Number 10 039,634

Filing Date November 9, 2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor of patent rights as claimed below of the subject matter which is claimed and for which a patent is sought on the invention named:

MODEL-BASED FAULT DETECTION AND ISOLATION SYSTEM AND METHOD

(Title of the invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YY) 11/09/2001 as United States Application Number or PCT International Application Number

Application Number and was amended on (MM/DD/YY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above, and acknowledge the duty to disclose information which is material to patentability but required by 37 CFR 1.56 including the continuous-in-patent application, material information which becomes available between the filing date of the prior application and the national or PCT International filing date of the continuous-in-patent application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(d) of any foreign application(s) for patent or inventor's certificate, or 365(d)(1) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
I hereby claim the benefit under 35 U.S.C. 1.12(a) of any foreign patent rights previously claimed in(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.
60/247,289 60/247,840 <i>Reb</i>	11/09/2000	<input type="checkbox"/>

[Page 1 of 2]

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PTO/SB/01 (10-06)

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DECLARATION — Utility or Design Patent Application

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Name PATENT TRADEMARK OFFICE				
Address				
Address				
City		State	ZIP	
Country		Telephone	Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Giorgio		Family Name or Surname Rizzoni		
Inventor's Signature		Date		
Residence: City Upper Arlington		State Ohio	Country USA	Citizenship Italy
Mailing Address 1938 Concord Road				
Mailing Address				
City Upper Arlington		State Ohio	ZIP 43212	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Ahmed		Family Name or Surname Soliman		
Inventor's Signature		Date		
Residence: City Upper Arlington		State Ohio	Country USA	Citizenship Egypt
Mailing Address 1834 Elmwood Avenue				
Mailing Address				
City Upper Arlington		State Ohio	ZIP 43212	Country USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

[Page 2 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Pietrosgli		Pisso	
Inventor's Signature		Date	
Residence: City Columbus	State Ohio	Country USA	Citizenship Italy
Mailing Address 1170 Chambers Road, Apt. SB			
Mailing Address			
City Columbus	State Ohio	ZIP 43212	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Sanket S.		Ambedkar	
Inventor's Signature			Date 07/15/02
Residence: City Ann Arbor	State MI	Country USA	Citizenship USA
Mailing Address 1888 Briar Ridge Drive			
Mailing Address			
City Ann Arbor	State MI	ZIP 48108	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Brian T.		Murray	
Inventor's Signature			Date 7/15/02
Residence: City Novi	State MI	Country USA	Citizenship USA
Mailing Address 40710 Hemlock			
Mailing Address			
City Novi	State MI	ZIP 48375	Country USA

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/039,634
Filing Date	November 9, 2001
First Named Inventor	Rizzani et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	OSU1159-143C

I hereby appoint:

Practitioners at Customer Number

08698

OR

Practitioner(s) named below:

Name	Registration Number



as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

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City	State
Country	ZIP
Telephone	Fax

I am the:

Applicant/Inventor.

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Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

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SIGNATURE of Applicant or Assignee of Record

Name	Brian T. Murray
Signature	
Date	7/15/02

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

Total of 5 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/039,634
Filing Date	November 9, 2001
First Named Inventor	Rizzoni et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	OSU1159-143C

I hereby appoint:

Practitioners at Customer Number

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OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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Firm or
Individual Name

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I am the:

JUL 24 2002

Applicant/Inventor.

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Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Sanket S. Ambekar

Signature Sanket S. Ambekar

Date 07/15/02

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 5 terms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the facts of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/039,634
Filing Date	November 9, 2001
First Named Inventor	Rizzoni et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	OSU1159-143C

I hereby appoint:

Practitioners at Customer Number

08698

OR

Practitioner(s) named below:

Name	Registration Number



PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ahmed Soliman
Signature	
Date	7/18/02

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 2 forms are submitted.

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date November 9, 2001

First Named Inventor Rizzoni et al.

Group Art Unit

Examiner Name

Attorney Docket Number OSU1159-143C

I hereby appoint:

Practitioners at Customer Number

08698



OR

Practitioner(s) named below:

Name	Registration Number

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OR

Firm or Individual Name

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Address

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State

ZIP

Country

Telephone

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JUL 24 2002

I am the:

Applicant/Inventor.

OFFICE OF PETITIONS

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Pierluigi Pisu

Signature

Date

07/10/02

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

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